ICF/MR, Public & Private

Intermediate Care Facilities for Mentally Retarded (ICF/MRs) must be certified and comply with all Federal Conditions of Participation in eight areas, including management, client protections, facility staffing, active treatment services, client behavior and facility practices, health care services, physical environment and dietetic services. Refer to the Nevada Medicaid Services Manual, Chapter 1600 for complete instructions.

Covered Services

Services included in the ICF/MR per diem rate are identified in the Nevada Medicaid Services Manual, Chapter 1600.

Non-Covered Services

Non-covered services are determined by DHCFP during the yearly cost settlement process.

Special Billing Instructions

Providers must indicate the number of leave days used in the billing period by entering the total number of days the billing period in Field 7. The leave days are noted by entering Revenue Code 183 as a line item with Service Units noted as the number of days between the From and Through dates in Field 6 that the recipient was not at the ICF/MR but on leave.

Notes

An ICF/MR Tracking Form must be submitted to the DHCFP within 72 hours of the recipient's admission.

After DHCFP approves the Pre-Payment Review packet, the facility will be notified by receiving a Billing Authorization letter. An ICF/MR will not be able to bill for services until they have received the Billing Authorization Letter.

Medicare does not pay for ICF/MR services. You do not need to provide an EOB from Medicare when submitting a claim to HP Enterprise Services.

A per diem rate for each facility based on cost reporting is used to reimburse the ICF/MR for services. Patient Liability will be utilized as reported to HP Enterprise Services. The claim payment will be reduced by this amount.

The facility may not charge recipients for items and services such as diapers, over-the-counter drugs (nonlegend), combs, hairbrushes, toothbrushes, toothpaste, denture cream, shampoo, shaving cream, laxatives, shaves, shampooing, skin-care items, bedside tissues, disposable syringes, nail care, pads, catheters, laundry, durable or disposable medical equipment/supplies, stipends paid, based on the recipient's needs, as part of the active treatment program, or any item covered by Medicaid in reimbursement to the facility or to other providers of care such as pharmacies, therapists, etc.